## NEWPORT NEWS MICRO-LOAN PROGRAM How To Use This Application Form

We are pleased to provide you with this Loan Application Form for the Micro-Loan Program. The purpose of the Micro-Loan program is to encourage the creation, expansion and stability of the microenterprises by providing financing and technical assistance referrals. A microenterprise business is defined as a company having five or fewer employees at the time of application. The program is sponsored by the City of Newport News, the Industrial Development Authority for the City of Newport News and the Newport News Redevelopment and Housing Authority.

Thank you for your interest. If you have questions, please call the Micro-Loan Program Coordinators at 926-8428 or 247-9701.

Before you begin filling out this Loan Application Form, please review the questions below. This will help you move forward as quickly as possible. **PLEASE SUBMIT TWO COPIES OF ALL MATERIALS.** 

- Have you read the program guidelines brochure? This brochure will answer some of the basic questions about the operation of the program and help you decide if you want to apply.
- 2. Are you a new business (less than two years in business)? If so, the Micro-Loan Program may require that you provide a Business Plan and provide verifiable financial reports.
- **3.** Have you completed your Business Plan? If yes, be sure to enclose a copy of the Business Plan with your Loan Application and the information requested in Section IV.
- **4. If you have not completed your Business Plan** complete only Section II of the Loan Application and return the application as soon as possible. We will provide you with information concerning resources available to you to assist in the preparation of a good business plan.
- 5. Have you been in business for more than a year? If so, please enclose at least two (2) years of tax returns, financial statements and your last four quarterly withholding tax submissions with this application. If three (3) years are available, that would be preferable. Also please include business financial information such as balance sheets, profit and loss statements, and cash flow projections. If unavailable please explain and forward copies of your business checking account statements for the last six months.

## **NEWPORT NEWS MICRO-LOAN PROGRAM APPLICATION**

Please provide the following information. If you need more space, attach additional sheets to this application.

## **SECTION 1: BUSINESS INFORMATION** (Use additional paper if necessary)

1.	Business Owner(s):				
Name(s)			SS# SS#		
City/S	State/Zip				
2.	Business Telephone: (	) Fax	Home		
3.	Business Trade Name:				
4.	A) Business Location (if different):				
			nonthly rent: \$		
5.	City, State and Zip Code				
6.	Describe Type of Business (Product or service):				
7.	Business: (Check one)	New (under 24 months	- See section 11) Existing		
8.	Have you met all the leg	al requirements necessary t	o establish your business? YES	NO	
9.	Federal Tax ID Number				
10.	Type of Business Organization: (Check one)				
	Partnership	Sole Proprietorship	Not yet established		
	S Corporation	C Corporation	Other		
11.	Date Business was established:				
12.	Current Number of Employees: Full-time Part-time Employment increase expected over next 2 years		Part-time		

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13.	Any personal/business judgments, past due taxes, unsettled lawsuits or major disputes?  YES NO  If YES, Please Explain:				
14.	Has the business, or any owner of the business been involved in bankruptcy or				
insolv	vency proceedings? YES NO				
	If YES, give date and explain:				
15.	Demographic Information: The following information is being obtained for statistical purposes only. Please check all those that apply:				
	Business Owned by: Female (100%) Female (51% or more)				
	Male (100%) Male (51 % or more)				
	Race/EthnicityBlackHispanicWhiteAsian/Pacific				
	EskimoAmerican Indian Multi-Group				
	Other: (Please indicate)				
	the date of this application the number of people in your household isand the ined household income is: (PLEASE CHECK)				
	less than \$25,000				
	less than \$28,550				
	less than \$32,100				
SEC1	FION II: FOR NEW BUSINESSES ONLY: Individuals applying for loans to establish a new				
	ess will be required to prepare a Business Plan which adequately describes the operation				
	ir proposed business.				
1 . 2.	Have you completed a Business Plan?  If so, please attach a copy of the Business Plan to this Application.  When and by whom was the Business Plan prepared?				
3.	If a consultant/advisor prepared the plan, please provide their name, address and telephone number.				
4.	If you have not completed a Business Plan, would you like information on assistance available to help you prepare a Business Plan YES NO				

1.	Purpose of Loan Request:				
2.	How will the loan help the business?				
3.	Have you contacted a ba	_		YES	NO
	If YES, What Bank?				
	Bank Contact Person Telephone #				
-	Have you ever received financing for your Business?  If yes please specify amount and describe the use of funds.		YES		
	Total Amount of this Loan Request \$ Please specify and describe the use of Loan Funds below.		d		
ltem	ı	Description		Amo	unt
⊃aya	ables			\$	
nve	ntory			_ \$	
Ξqui	ipment			\$	
=urn	iture/Fixtures			\$	
Leas	sehold Improvements			\$	
Эре	rating Expenses			\$	
			т.	otal <u>\$</u>	

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6.	Proposed Repayment Terms _	Months			
7.	Source of Repayment: (Check one)				
	Operating ProfitPer	rsonal IncomeOther (Specif	fy)		
8.	Proposed Collateral:Personal GuarantyLien on EquipmentOther (Explain)	Business Guaranty Mortgage	Co-signer		
9.	Other sources of income:				
10.	·	l or private (non-city loan) funds			
	business/project: \$	business/project: \$			
is ne	available, explain below.)  TION IV: PLEASE SUBMIT THE eded if applicable to your project, loan request and decide on its features.	along with this Application Form	The following information		
	Personal Tax Returns fo Resume(s) or Profile for Company Tax Returns fo Company Financial State Type of Company Financial Bank Statements from B Business Plan (Start-ups Month-to-Month Cash Fl Collateral Verification List of Customers and Sc Three Business Referen Copy of Business Licens	ements for 2 Years cial Management/Bookkeeping S susiness Last 6 months s and Existing less than 2 yrs) ow Projection for One Year uppliers for Receivables and Pay ces (banks, suppliers etc.)	System yables		
Pleas	se provide as much of this informa	ation as possible and add any add	litional information that will		
assis	st our staff and loan review comm	ittee in evaluating your request.			

· ·	egin reviewing/evaluating your application, please note them
below.	
	wing and sign the application form below. All owners, or rm. If they have any questions, please call us at 926-8428 or
under the Micro-Loan Program thru to best of my/our knowledge. I/We und requested pursuant to this Loan A	Application is provided for the purpose of applying for funds he City of Newport News. The information is accurate to the derstand that personal and or business information may be pplication and I/we hereby give my/our consent for such ity and/or the Industrial Development Authority and/or the Housing Authority.
Name (Print)	Name (Print)
Signature	Signature
Date	Date
DUBLIC	INFORMATION DISCLOSURE
The undersigned understands and a application for a Newport News Micro	agrees that all information furnished in connection with his o-Loan involves the use of public funds and as such may be of the United States of America and the Commonwealth of
Applicant's Signature	Applicant's Signature
67.	Navmort Nava Danartment Davolonment

## **VERIFICATION OF FINANCIAL FEASIBILITY**

and Housing Authority representatives to verify application for a loan under the Newport News M verified includes, but is not limited to, the following	News and/or the Newport News Redevelopment all information furnished in connection with the licro-Loan program. The information that may be ng: employment, pensions, mortgages, deposits, n applications, hazard insurance, and further, to
Applicant's Signature	Applicant's Signature
Date	Date